

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. John F. Shoemaker Mailing Address 2756 Marshall Lake Drive City State Zip Code Oakton VA 22124 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 890.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 45218493 Amount of Each Receipt this Period 150.00 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 1 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 1 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mr. John F. Shoemaker Mailing Address 2756 Marshall Lake Drive City State Zip Code Oakton VA 22124 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 890.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 45280580 Amount of Each Receipt this Period 80.00 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 2 | 7 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 2 | 7 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mrs. Maria Lamas Shojae Mailing Address 515 Casuarina Concourse City State Zip Code Coral Gables FL 33143 FEC ID number of contributing federal political committee. C Name of Employer Occupation Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 45288754 Amount of Each Receipt this Period 25000.00 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 3 | 1 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 7 | | 3 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | |

SUBTOTAL of Receipts This Page (optional)

25230.00

TOTAL This Period (last page this line number only)